

***IF WE BUILD IT THEY WILL COME: GROWING SUPPORT AND CAPACITY  
FOR PEER AND RECOVERY SERVICES***

***Registration***

*Charlottesville, November 9<sup>th</sup>-10<sup>th</sup>, 2011*

Please complete this form for each person attending!

Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Job Title (Other): \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special needs (food/mobility/etc):  
\_\_\_\_\_

\_\_\_\_ Attending Wednesday and Thursday \_\_\_\_ Attending Wednesday Only \_\_\_\_ Attending Thursday Only

**Please email, fax or mail registration form with workshop and lunch selections no later than November 1 to our conference Registrar, Betsy Lalla at:**

**Email: [betsyhope1@comcast.net](mailto:betsyhope1@comcast.net) Fax: 804-762-4333**  
**Phone: 804-762-4445**

**Mail: SAARA of VA /Attn Betsy Lalla**  
**306 Turner Rd. Suite L**  
**Richmond, VA 23225**

**Send check for \$25 (one day registration) or \$50 (two day registration) payable to SAARA of Virginia to the mailing address shown above. If you are requesting a scholarship for registration fees, please complete the scholarship request form and return it to us with this registration form.**

**Space is limited. Your registration will not be accepted until payment is received, scholarship is awarded, or you have made arrangements with the Registrar regarding payment. We will confirm your registration when accepted. If you have any questions regarding whether your registration or scholarship request has been received or accepted, please contact Betsy Lalla at 804-762-4445. If you have general questions regarding the conference, please contact /Susan Pauley at 804-692-1645 or Rhonda Thissen at 804-786-2316.**

**PLEASE MAKE YOUR WORKSHOP SELECTIONS BELOW**

**Day 1, Wednesday, November 9 1 pm to 2:30 pm (choose one):**

- ☐ Building a Peer Run Program
- ☐ Core Attitudes and Attributes of Recovery Oriented Practitioners
- ☐ Managing a Program: Recovery Model vs. Business Model

**Day 1, Wednesday, November 9 3 pm to 4:30 pm (choose one):**

- ☐ Belief system: Intentional Peer Support
  - ☐ Supervision of Peer Specialists, Recovery Coaches, and Programs
  - ☐ Ethical Issues for Individuals and Organizations
- .....

## REGISTRATION - PAGE 2

### WORKSHOP SELECTIONS CONTINUED:

#### **Day 2, Thursday, November 10 9am to 10:30 am (choose one):**

- ☐ Job Readiness and Career Paths for Peer Providers
- ☐ Take Charge: Advance Directives, WRAP and Recovery Action Planning
- ☐ What Hat Am I Wearing? Roles and Boundaries

#### **Day 2, Thursday, November 10 11 am to 12:30 pm (choose one):**

- ☐ Growing Peer Services and Programs in Virginia: Creating Opportunities and Certification
- ☐ Dealing with Differences: A Special Look at Working with Women, Latino/Hispanic Population, or LGBTQ Population
- ☐ Core Attitudes and Attributes of Recovery Oriented Practitioners (repeated from Wednesday)

#### **Lunch Day 1 Noon to 1 pm**

Pasta Buffet (will have choice of marinara meat sauce or alfredo sauce)

☐ Please check if you need to reserve a vegetarian entrée or have other special dietary needs  
(Please describe) \_\_\_\_\_

#### **Lunch Day 2 12:30pm to 1:30 pm Select One of the Choices Below**

Plated Lunch:

- ☐ Chicken Entrée
- ☐ Beef Entrée
- ☐ Vegetarian Entrée

Please describe any other special dietary needs: \_\_\_\_\_

Please describe any other special needs you have (mobility, sight, etc.): \_\_\_\_\_

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#### **Cancellations and Refunds:**

**If you need to cancel your registration– please contact Betsy Lalla at 804-762-4445 as soon as possible. Space is limited and your timely cancellation may allow someone on a waiting list to attend. If cancellation is made prior to November 1, 2011, a \$10 per day administrative fee will be kept and the balance will be refunded within 30 days of the conference. No refunds will be made for cancellations after November 1.**

**Scholarships:** Are available for registration fees or lodging. Please see scholarship page for more information and how to apply.

**Lodging:** Please see information on separate lodging page.

## Scholarship Application

### “IF WE BUILD IT THEY WILL COME: GROWING SUPPORT AND CAPACITY FOR PEER AND RECOVERY SERVICES” November 9-10, 2011

Please complete this form for each person requesting scholarships. NOTE: Scholarships are available to cover the costs of registration fees and hotel rooms only. Please understand that space and funds are limited and we cannot guarantee the availability of scholarships for everyone who applies.

We want to ensure that a broad representation of individuals, programs, and organizations from across the state are able to attend and we cannot guarantee that multiple scholarship applications from any one agency can be funded, but we will consider all applications and honor as many as space and funds will allow. Programs requesting scholarships for larger numbers of registrants should indicate a priority of how those should be awarded in the event we are unable to fund all of them. In order to assist with as many lodging requests as possible, we may ask persons getting lodging scholarships to accommodate roommates. **IMPORTANT: We cannot guarantee ability to help with lodging after October 25 so please try to have any lodging requests in by October 21.**

In order to consider an application all requested information should be completed:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

#### **Scholarship Requested for:**

\_\_\_\_ Registration Fees for One Day

\_\_\_\_ Registration Fees for Two Days

\_\_\_\_ Lodging for One Night

\_\_\_\_ Lodging for Two Nights

Is your lodging request for the Omni? \_\_\_\_\_ If not, where? \_\_\_\_\_

**\*\*If you want to stay somewhere other than the Omni and the rate is less than the Omni – we can consider that request and **if approved**, will **reimburse** you for that expense once receipts have been submitted.**

Reason(s) for requesting scholarship: \_\_\_\_\_

Have you or your agency requested financial assistance from any other sources?

Return this request to: Betsy Lalla at email: [betsyhopel@comcast.net](mailto:betsyhopel@comcast.net) or fax: 804-762-4333 or  
mailing address: SAARA of VA/Attn Betsy Lalla, 306 Turner Rd., Suite L, Richmond, VA 23225

**Please be sure that your registration form has been submitted before or with this request. We must have your registration information in order to consider your scholarship request.**

If you have any questions please contact Betsy Lalla at 804-762-4445.

## LODGING

The conference is taking place at the Charlottesville Omni. A block of rooms is being held at a conference rate of \$113.00 for single and \$128.00 for double **through October 25**. To make a reservation at the Omni and receive the conference rate, **call 1-800-TheOmni (1-800-843-6664) and identify yourself as affiliated with either SAARA of Virginia or the Peer and Recovery Services conference.** Rates cannot be changed at check-in or check-out for persons who did not identify this affiliation when making their reservation.

Reservation requests made after October 25 will be accepted on a room available and rate available basis.

**Parking:** Self-parking for overnight guests is free. Valet parking is available for overnight guests only at \$10 per day. Day-only guests will be charged a maximum of \$6 per day for parking.

**Lodging at other facilities:** There are many places to stay in Charlottesville and if you would like to stay somewhere other than the Omni, please go to <http://www.visitcharlottesville.org/>, enter your lodging dates in the box indicated, and a listing of all hotels/inns/B&B's available on those dates will pop up. You can also check websites such as priceline.com.

**If you request assistance with lodging on the scholarship form and assistance is approved for you to stay at the Omni - we will make your lodging reservation.** If you have made a separate reservation – we will ask you to cancel it or transfer it to another attendee. **If you receive scholarship assistance for another hotel,** you will need to make your own reservation and provide us with a copy of the bill showing that lodging was paid for in order to be reimbursed.